

KASSON TOWNSHIP, LEELANAU COUNTY

PETITION FOR REZONING

PETITIONER(S)

Name _____ Phone Number _____

Street Address _____ P.O. Box _____

City _____ State _____ Zip Code _____

Petitioner's Interest/Relationship in the Property if other than Owner:
Land Contract _____ Option _____ Other _____

OWNER(S) IF OTHER THAN PETITIONER

Name _____ Phone Number _____

Street Address _____ P.O. Box _____

City _____ State _____ Zip Code _____

LOCATION OF PROPERTY

Section (s) ____, T __N; R __W, Kasson Township, Leelanau County, Michigan

LEGAL DESCRIPTION

Property Tax Number(s) _____

Attach a full legal description of the property proposed for rezoning. (A copy of the deed/land contract is acceptable.)

REQUIRED ATTACHMENTS

A. Attach a fully dimensioned map or drawing showing the following:

1. The boundaries of the property in question.
2. All existing buildings and structures on the property and on adjacent properties within 100 feet of the property boundaries – and identify their present use.
3. All proposed buildings and structures to be constructed on the property and identify their proposed use.
4. All natural features such as creeks, streams, lake shores, topography (steep terrain, pot holes, gullies, ravines), soils, or wooded areas.
5. All existing or proposed rights-of-way, and their names and widths.
6. Indicate and dimension all setbacks, parking lots or spaces, driveways and landscaping.

- B. Attach a list of names and addresses of all property owners within 300 feet of the property proposed for rezoning.
- C. Attach any photographs or additional drawings which can assist in clarifying the petition.

REASONS FOR THE PROPOSED REZONING FROM _____

(Current Zoning) **TO** _____ (Proposed Zoning)

Provide a full statement of reasons for the rezoning. _____

(If space provided is not sufficient, please attach separate a sheet with additional comments).

PREVIOUS ACTIONS/PETITIONS (If applicable)

Provide a statement of all previous petitions involving the subject property and the actions taken. _____

Signature of Applicant (s) _____ Date _____

_____ Date _____

Signature of Owner (s) _____ Date _____

If other than Applicant _____ Date _____

_____ Date _____

Signature of Land Contract _____ Date _____

Vendor (s) _____ Date _____

_____ Date _____

Required fee to be submitted with each application.

If you have any questions or need assistance in completing this form, please contact:

Zoning Administrator: Tim Cypher 231-360-2557 or tim@allpermits.com
